

12 CV 02142

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMiguel Febus

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☐ No ☒
(check one)Defendant No. 1 A.M.K.C. (C-95) New York City
Department of Corrections

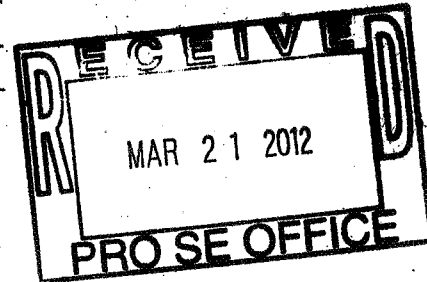
Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Miguel FebusID # 12-A-0961Current Institution Downstate C.F. Box F Red SchoolAddress house road Fishkill, New York12524-0445

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMiguel Febus

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☐ No ☒
(check one)

v.

Defendant No. 1

A.M.K.C. (C-95) New York City
Department of Corrections

Defendant No. 2

Defendant No. 3

Defendant No. 4

Defendant No. 5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Miguel FebusID # 17-A-0961Current Institution Downstate C.F. Box F Red SchoolAddress house road Fishkill, New York17524-0445

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe Correctional Officer Shield # _____
 Where Currently Employed A.M.K.C. (C-95)
 Address 18-18 Hazen St. E. Elmhurst N.Y. 11370
3 pm to 11 pm shift on March 9, 2011 (West 17)

Defendant No. 2 Name John Doe Correctional Officer Shield # _____
 Where Currently Employed A.M.K.C. (C-95)
 Address 18-18 Hazen St. E. Elmhurst N.Y. 11370
3 pm to 11 pm shift on April 15 2011 (West 17)

Defendant No. 3 Name John Doe Correctional Officer Shield # _____
 Where Currently Employed A.M.K.C. (C-95)
 Address 18-18 Hazen St. E. Elmhurst N.Y. 11370
7 am to 3 pm shift on May to June 2011 (West 19)

Defendant No. 4 Name Jane Doe Correctional Officer Shield # _____
 Where Currently Employed A.M.K.C. (C-95)
 Address 18-18 Hazen St. E. Elmhurst N.Y. 11370
7 Am to 3 pm shift July to September 2011 (West 18)

Defendant No. 5 Name Jane Doe Correctional Officer Shield # _____
 Where Currently Employed A.M.K.C. (C-95)
 Address 18-18 Hazen St. E. Elmhurst N.Y. 11370
7 Am to 3 pm shift October to November 2011 (West 18)

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? A.M.K.C. (C-95)
18-18 Hazen St. East Elmhurst Queens New York 11370
- B. Where in the institution did the events giving rise to your claim(s) occur? A.M.K.C. (C-95)
West 17 Lower B. West 18 Lower B.
West 19 Lower A.
- C. What date and approximate time did the events giving rise to your claim(s) occur? From
March 9 2011 to December 9 2011 and continue
unit draft to upstate Correctional Facility on
March 6th of 2012.

D. Facts: On March 9th 2011, I was detained at A.M.K.C. C-95 and placed on West 17 Lower B housing unit. I never obtain any of my basic needs as cup, blanket, linen, my initial phone call, toothpaste, toothbrush. I complain to C.O. and no action was taken. I spoke to higher ranks in the department and still did not receive any of my personal needs and things that I should be able to have access to as an inmate at the processing at the Facility. I was also denied to receive any cleaning products to clean my body and my lock in area. I was also sick behind this matter. I fill in the sick call sheet and I was never called to be seen by a doctor. Also the same way with the (law) library, I did not have access to use equipment and supplies to should be provided by the department. Other inmates at the facility were also denied to these services. This happen over the period I was a detainee there all the way to December 5, 2011 at AMKC. they failed to comply with inmate minimum standards.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I did not sustained any injuries

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). A.M.K.C (C-95) 18-18 Hazen St
E. Elmhurst - N.Y 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Minimum Standard claim

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Minimum Standard Claim

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? A.M.K.C. (C-95)

1. Which claim(s) in this complaint did you grieve? Complaining with
I made Minimum Standards

2. What was the result, if any? Never receive an answer
from grievance program.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I continue to grieve
and address Correctional officers and other
ranks in the Department but no action
was taken from my complaints.

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes ☒ No ☐

1. If YES, whom did you inform and when did you inform them?

I inform
C.O. Captains from West A.M.K.C. Facility
From March 9, 2011 to December 22, 2011

2. If NO, why not?

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

no other additional information

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.

I would like for the
Court to review my complaints in the
N.Y.C. Department of Corrections at A.M.K.C.
(C-95) to comply with inmate minimum
standards at the facility. I would also like
to get compensated for not having my
basic needs as a detainee at my stay at
that facility.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No ☒

On
other
claims

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this day of March, 2012 I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Rhiguel Febers
12-A-0961
Downstate C.F. Box F
Red Schoolhouse road
Fishkill, New York
12524-0445

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 16 day of March, 2012, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Rhiguel Febers